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fanbd@dhp.virginia.gov

SECOND 1000 HOUR FUNERAL SERVICE INTERNSHIP REPORT

FUNERAL SERVICE INTERN	INFORMATION (PL	EASE PRINT C	OR TYPE)				
Name of Intern (Full Legal Name):			Ro	Registration No.:			
Mailing Address: Street		City		State	ZIP Code		
E-mail Address:				1			
SUPERVISOR AND ESTABLE	SHMENT INFORMAT	ΓΙΟΝ (PLEASE	PRINT OR	TYPE)			
Name of Supervisor:			Li	cense No.:			
Phone Number:	E-mail Address	3:					
Name of Establishment Where E	imployed:		Li	cense No.:			
Address:		City	<u>'</u>	State	ZIP Code		
1. REPORTING PERIOD AN							
Start Date (MM/DD/YY):		End Dat	e (MM/DD/	YY):			
Average No. Hours Per Week	x :	TOTAL	HOURS W	ORKED:			
2. AREAS OF KNOWLEDGE	E AND TRAINING. Ea	ach intern must ro	eceive trainii	ng in the follow	ving areas dur	ing the	
course of their internship. Di							
Laws & Business Practices					Training		
A) Virginia Laws and Regulation	ons			☐ YE		□NO	
B) Federal Laws: FTC, OSHA, ADA			YES		□ NO		
C) Vital Statistics and Post-Mortem Regulations			☐ YE	S	NO		
D) Merchandise/Merchandising			YES		□NO		
E) Funeral Arranging (At Need & Preneed with families)				☐ YE	S	□NO	
F) Cremation Laws				☐ YE	S	□NO	
G) Funeral Directing				☐ YE	S	□NO	
H) Preneed Funeral Laws				YES		□NO	
General Business Procedures and Documentation Requirements				☐ YE	S	□ NO	
J) Financing of Funeral Services			☐ YE	S	□NO		
Funeral Arrangements and Re	emovals				Training		
A) First Calls/Removals				☐ YE	S	□ NO	
B) Assisting in Funeral Arrangements			☐ YE	S	☐ NO		
C) Funeral Services (Memorial	Services, Graveside Ser	rvices, etc.)		☐ YE	S	□NO	

2								
F) Administrative Duties (Filing Death Certificates, paperwork, etc.)	D)	Visitations		[YES	□NO		
G) Other Duties (Explain) H) Storage and Handling Requirements YES	E)	,			YES	□NO		
Training A) Anatomy A) Anatomy B) Restorative Art C) Safety and Sanitation D) Embalming and Proficiency B) Biohazard Awareness, OSHA F) Organ/Tissue Donation G) Anatomical Donation FUNERALS AND EMBALMINGS. Please indicate the number completed by the intern during this reporting period. (Case information must be provided in Section 4 below.) Funerals/Arrangements Embalmings 4. CASE INFORMATION. Please provide the following information regarding cases the intern assisted with during this reporting period. Please use a separate sheet to fist additional case information. Rame of Deceased (Last Name, First Initial) Assistance With Embalming Date Funerals Assistance With Embalming Date Funerals Date 1 2 4 4 4 4 5 6 6 6 7 8 9 9 10 10 11 11 11 11 11 12 13 14 15 15 16 17 17 18 18 19 19 10 10 10 11 11 11 11 11	F)	Administrative Duties (Filing Death Certificates, paperwork, etc.)			YES	□NO		
A Anatomy YES	G)				YES	□NO		
A) Anatomy	H)	Storage and Handling Requirements		[YES	□NO		
A) Anatomy								
B) Restorative Art								
C) Safety and Sanitation		·		l				
D) Embalming and Proficiency E) Biohazard Awareness, OSHA F) Organ/Tissue Donation G) Anatomical Donation C) YES C) NO 3. FUNERALS AND EMBALMINGS. Please indicate the number completed by the intern during this reporting period. (Case information must be provided in Section 4 below.) Funerals/Arrangements Embalmings 4. CASE INFORMATION. Please provide the following information regarding cases the intern assisted with during this reporting period. Please use a separate sheet to list additional case information. Name of Deceased (Last Name, First Initial) Date Funerals Date				l				
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G) Anatomical Donation YES NO NO YES NO				l				
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	Name of Deceased (Last Name, First Initial)		Assista	ance With	
		Embalming	Date	Funerals	Date
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Fun I, th the regularity proving subs	eral Service Intern e intern named herein, hereby certify that the information training indicated during this reporting period. I furthelations governing the practice of funeral services. I unvided herein shall be sufficient grounds for the denial, suspequent licensure by the Virginia Board of Funeral Direct pletion of my internship or issuance of licensure.	provided in this r ner attest that I in nderstand that an spension, revocati	report is true have complie y false states ion, or discip	ed with all applic ments or misleadi pline of my intern	able laws a ng informatio registration
	Date				
Sign	nature of Funeral Service Intern				
I, the interwith misl Virg	ervisor e supervisor named herein, hereby certify that the inform rn named herein received training under my supervision du all applicable laws and regulations governing the practic eading information provided herein shall be sufficient gr inia Board of Funeral Directors & Embalmers of my reg ice licensee.	uring this reporting te of funeral service rounds for the de	g period. If ces. I unders nial, suspens	further attest that I stand that any fals rion, revocation, o	have compli e statements r discipline
	Date				